

Case study 9: Connecting with the community

A non-profit Pacific health provider involves its local Pacific communities in the planning and delivery of many of its health promotion activities – generating community buy-in and large attendances in the process.

Pacific Health Services Porirua (PHSP) delivers a local community nursing service and regional smoking cessation programme from a complex of buildings in Cannon's Creek – a low socio-economic area with historically poor health and social outcomes. In a neighbouring building (a former lawn-mower shop), is the third arm of the organisation – a general practice, with a full-time Pacific GP and two locums.

Pasifika communities are well-represented in both the governance and staffing of Pacific Health Services Porirua – with representatives from the Cook Islands, Samoa, Niue, Tokelau, Fiji, Tonga and Tuvalu on the board, together with Mana Whenua.

Incorporating Pasifika values, principles and practices into the delivery of services is important, and there's a strong focus on family (aiga).

"It's about healthy living with family at the core," says Eleni Mason, General Manager of Pacific Health Services Porirua.

"We call our model *Asiasiga* after the Samoan word that means to visit, to inspect, in order to support, advocate, promote and educate. We have to stop thinking about people being sick and think about preventing them getting sick and keeping them well."

Whenever possible, services are delivered in a culturally appropriate way, by staff most likely to engage effectively with the client (e.g. a Tongan case worker for a Tongan client).

Subtle elements make the difference at the general practice too – for example, consulting rooms are larger with extra seating, as it is common for Pasifika families to visit the GP together – especially grown adults bringing their elders.

Community is important in Pacific cultures, so when the service started to refocus in 2006, they "took it back to the community."

"A community fono was called and many people attended from a diverse Pacific ethnic range. We asked 'what do you want'. They broke out into different ethnic groups and discussed in their native languages what services they would really like to see in the community," explains Eleni.

"There was a strong call from every community for a Pacific GP service – doctors, nurses, social and community workers who they could identify with, and a walk-in clinic. There was real concern about the difficulty getting timely appointments elsewhere because the existing clinics were at capacity. For many, transport was an issue and people wanted the comfort and assurance that comes from communicating in their own languages."

Not all the priorities were expected.

"One of the four priority services requested was circumcisions," says Eleni.

Now each year, the board and staff have a planning day – put everything into the PHSP health calendar and ask the community: "Is it challenging enough? Is it too challenging?"

"In the past few years, we added nurse specialist-run gout and asthma clinics because the community identified these as something they needed," says Eleni.

“We also talk with them about policy and funding changes and how that will affect our services. We share it all with the community. This is a partnership and the community have invested in it with their time and energy. More important though, is the sense of investment and positive decision-making about ‘our health and the healthy futures we want for ourselves and our communities’. It’s also addressing social issues at the same time.”

Eleni says the calendar is known by the community, who all pitch in to help arrange and co-ordinate the health workshops at the Cook Island hall, the Pacific Arts and Crafts Exhibition, the multiple sporting activities (volleyball, touch rugby, kilikiti or Samoan cricket), the community garden project competitions, and the annual Celebration Day where all the nations come in their native dress and celebrate achievements. At this event, awards are given to those who excel, e.g. who had the best kept gardens, who attended their nominated healthy lifestyle programme consistently, or who improved their health status.

While it sounds like a lot of work for an organisation with only 14 staff, Eleni says the *Specific Pacific* groups mostly organise themselves and provide support and cultural advice for the team.

“We work with the community, and make sure there are lots of healthy living messages at all the events,” she explains.

What is really pleasing is that other groups and event organisers recognise this contribution and have approached PHSP to present on how these are run. The Healthy Lifestyle Pasifika Programme (HLPP) is being mirrored in other communities outside of Porirua.

“There is a lot of health promotion activity. For example, when we are visiting or discussing gardens, we talk about planting and eating healthy foods.”

Pacific Health Services Porirua also works closely with neighbouring providers. These include Pacific providers **Vakaola** and **Maninoa Community Care Trust** who provide mental health support and residential services. PHSP and **Pacific Health Services Hutt Valley** are working on a joint initiative to enhance Pacific-led clinic services in the Hutt, and have already started GP satellite clinics. This provides easy access to the GP for clients living out in the Hutt Valley. Between GP visits, clients are monitored by the nurses from PHS Hutt Valley.

A Māori and Pacific collective, Waka E Tasi (One Waka), has also been formed to strengthen the health and social service connections and capability of local services. The members include Pacific Health Services Porirua, the **Fanau Centre** and its associated early childhood centre, **Maraeroa Marae Health Clinic** and **Whare Tiaki Maori Women’s Refuge**.

Fanau Centre General Manager, Liz Kelly says the collective enables the four providers to offer a wrap-around service for all ages.

“Health and social services go hand-in-hand because it’s about health and well-being – focusing on wellness,” explains Liz.

“In a low socio-economic area like Cannons Creek, Māori and Pacific Island working together for the good of our community is the key. We can refer to each other and help our partners, rather than taking a siloed approach.”

“We think alike and we have gelled,” agrees Eleni, “the formal aspect is undertaken through regular management meetings.”

The Fanau Centre has a High Trust Contract with the Ministry of Social Development (MSD) and Liz sees real benefits for the sustainability of all four services in the collective approach. A recent joint proposal for a MSD-funded initiative was successful and is encouraging strategies for progressing shared goals that will benefit the people of Cannons Creek and Waitangirua. One possibility is strengthening existing connections with Housing NZ and Work and Income for the benefit of shared client groups.

Having access to more facilities enables PHSP to respond to the community in other ways too – such as when a group of young people were hanging around with nothing to do after their pastor died.

“They approached us for help, and we worked together to find them some space and equipment. They started a dance group and now they are performing at events on invitation, and they are receiving donations for their efforts. We still provide them with support but they lead, create and act on their own ideas. They are so much happier and healthier,” says Eleni.

Working collaboratively requires adaptability explains Eleni. PHSP and the local Māori health provider, Maraeroa Marae, used to meet regularly as part of the same PHO, but now each is in a different PHO, so finding a new and ‘efficient’ way to work together is a positive step forward.

“There are some advantages to being in a bigger PHO, but you don’t have the same regular opportunities for face-to-face meetings with doctors and managers that you get in a small PHO who are operating in the heart of your community – it’s harder to stay in touch, to get all the managers round the table and develop closeness.”

Pacific Health Services Porirua has experience in sharing backroom functions too – sharing its IT database server and software with two other providers – and is always looking to collaborate in ways to deliver more efficient services.

“We talked with Pacific health providers from Whangarei, Invercargill, Hawkes Bay and Wellington about how to standardise a number of things, the possibilities of sharing backroom services, and how we were working with the same types of clients in different areas,” explains Eleni.

“We still interact with some, but we haven’t really progressed to the place we would like. It’s challenging to find time for wider issues, when organisations are focused on sustaining services to their respective communities.”

Eleni is pleased to read about the Ministry of Health’s interest in Advance Care Planning¹, which assists an individual to identify their personal beliefs and values and incorporate them into plans for their future health care.

“It’s normal for Pasifika people to look after their elders,” says Eleni “and dying at home is important to us.”

Referrals drive the PHSP service. The community nursing services assist in homes and also work closely with the Pacific General Practice – especially on immunisations and those with long-term conditions. At the GP, after three phone calls and recall letters are sent and the

¹ [Advance Care Planning: A guide for the New Zealand health care workforce](#), Ministry of Health, Aug 2011.

patient still has not shown up, the case is referred to the community service for follow-up and home visiting if necessary. Unless the families have moved out of the area, the team has close to a 100% rate of finding Pasifika clients.

Eleni says because the community nurse-led services had been funded through the DHB, there is scope for it to assist a wider range of general practices, regardless of which PHO they are part of.

“We can find people through our Pacific networks and groups. They could send us their hard-to-reach names and we will find them and deliver them to the practice. There are no patch protection issues and they won’t lose any of their capitation,” she explains.

PHSP’s community services are often called in to translate for other health services, which may involve accompanying people to their treatment.

“We’re not just there to translate, we’re there as part of community continuity of care, ensuring people who don’t have a good understanding of English know about free screenings, community activities and support at home,” says Eleni.

The ‘for Pacific, by Pacific’ community focus means Pacific Health Services Porirua delivers more than just health services – a fact it plans to acknowledge at a community fono soon, when it confirms a name change to ‘Pacific Health & Social Services’.

More information: www.youtube.com/watch?v=PPPmAzM_Q-0 or www.fanau.org.nz

This is one of the 15 case studies profiled in *How NGOs Make a Difference to Health Care in the Community* – a 96-page report from the Health and Disability NGO Working Group, Jan 2012.

The case studies cover acute nursing services, health information services, virtual practices, youth one-stop-shops, mental health networks, community development approaches, cardiac rehab, Whānau Ora and Asiasiga models of care, and more – from North to South.

See www.ngo.health.govt.nz for more of the report.